DECLARATION

As a below named inventor, I declare that:

inventor (if o matter which THE FED M	nly one name is listed belo is claimed and for which a IODE FOR ENHANCED	w) or an original, first and a patent is sought on the in DRUG ADMINISTRAT	joint inventor (if plural invention entitled: PHAR) TON TO THE STOMA	believe I am the original, nventors are named below) MACOLOGICAL INDUC. CH, the specification of was and was	of the subject EMENT OF thich is
amendment re Code of Fede foreign applie or inventor's	eferred to above. I acknow eral Regulations, Section 1.	ledge the duty to disclose in 56. I claim foreign priorite tor's certificate listed below	nformation which is mate y benefits under Title 35 w and have also identified	luding the claims, as ame rial to patentability as define, United States Code, Section below any foreign applicate claimed.	ed in Title 37 on 119 of any
I Hor Forcig	ii ripplication(s)			Driority Claimed Lindon	1
			D . CD!!!	Priority Claimed Under	
	Country	Application No.	Date of Filing	35 USC 119	1

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119

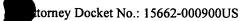
hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or International filing date of this application:

Application No.	Date of Filing	Status

Full Name of Inventor 1:	Last Name: MARKEY	First Name: MICHELINE	Middle Name or I	nitial:
Residence & Citizenship:	City: Santa Cruz	State/Foreign Country: California	Country of Citizer USA	nship:
Post Office Address:	Post Office Address: 2-3727 E. Cliff Drive, No. 5	City: Santa Cruz	State/Country: USA	Postal Code: 95062
Full Name of Inventor 2:	Last Name: SHELL	First Name: JOHN	Middle Name or I W.	nitial:
Residence & Citizenship:	City: Hillsborough	State/Foreign Country: California	Country of Citizer USA	nship:
Post Office Address:	Post Office Address: 952 Tournament Drive	City: Hillsborough	State/Country: California	Postal Code: 94010



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Full Name of Inventor 3:	Last Name: BERNER	First Name: BRET	Middle Name or I	nitial:
Residence & Citizenship:	City: El Granada	State/Foreign Country: California	Country of Citizer USA	nship:
Post Office Address:	Post Office Address: 239 El Granada Blvd.	City: El Granada	State/Country: California	Postal Code: 94018

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
MICHELINE MARKEY	JOHN W. SHELL	BRET BERNER
Date	Date	Date

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<u>:</u>: